

**REQUEST TO APPEAR BEFORE
THE DURHAM CITY COUNCIL
AT THE WORK SESSION**

Date: 4, 9, 12
Council Work Session Meeting Date: 4, 24, 12
Name: ALAN M. CLINNEY
Address: 3104 WINSTON RD
Email address: _____
Phone number: 919-471-6696 Fax number: _____
Organization Represented (if any): H. E. H. P. P.

Topic: Statement of presentation you wish to make and statement of action you wish Council to take. Attach additional sheets if necessary.

HELP - ELIMINATE LYING
LIBERAL PROGRESSIVE
POLITICIAN IN '12
WHO VOID EQUAL PROTECT
BE CAUSE OF RACE -
X SEE ATTACHED

Signature [Signature]

This form must be returned to the Agenda Coordinator by **Monday at 5:00 pm** ten days prior to the City Council Work Session meeting at which you wish to speak. Once this form is submitted, no further reminder will be given. Citizens may call the Agenda Coordinator's Office at 560-4222 to confirm receipt of this form.

Please send this form to: Agenda Coordinator
City Manager's Office
101 City Hall Plaza
Durham, North Carolina 27701
Fax # (919) 560-4949